

The City of Harrisonburg

Street Closing Form

This application is required for all parties requesting the closure of a public street for any scheduled event of a non-emergency nature. Any additional information supplemental to this form must be physically attached for staff review. Submit completed forms to Harrisonburg Downtown Renaissance, 212 South Main Street, Harrisonburg, VA 22801. INCOMPLETE FORMS WILL NOT BE CONSIDERED. Hand delivered copies must be submitted between the hours of 9:00 AM and 5:00 PM Monday through Friday, excluding any state or national holidays. Any street closure must be approved by City Council. This form must be submitted at least 45 calendar days prior to the scheduled event. A scoping meeting may be requested by City staff prior to Council approval.

In the event of a scheduling conflict, the applicant will be notified. Closings are approved on a first-come, first serve basis. The City will not approve more than one scheduled event on the same calendar day.

PART I

A. Organization Information			
State the name of the organization requesting closure:			
Contact Name:	Contact Phone Number:		
Contact Address:			
B. Event Planning Requireme	ents ents		
State the name and planned da	ate of the event:		
Indicate what hours the event will occur:			
List all streets that are requested for closure (attach list on additional sheet if all do not fit in the			
provided area): 1.			
2.			
3.			
4			
C. Proof of Insurance			
Attach a copy of proof that the organization has minimum liability coverage of \$1,000,000.			
NOTE: The City of Harrisonbur	g must be listed as additionally insured.		

STAFF USE ONLY

Fire Chief or designee	Police Chief or designee	Public Works Director or designee	Downtown Parking Services
Approved \square	Approved \square	Approved \square	Approved
<u>Disapproved</u> □	<u>Disapproved</u> □	<u>Disapproved</u> □	<u>Disapproved</u> □
Signature:	Signature:	Signature:	Signature:
Date:	Date:	Date:	Date:

<u>PART II – SUPPLEMENTAL/APPLICABLE INFORMATION – Please answer all applicable questions below. Attach additional pages if sufficient room is not provided below.</u>

1. Will any temporary structures be built or installed in conjunction with the event? If so, please specify their location(s).				
2. Describe in detail or submit drawings of pennants and specify their location(s), if applicable.				
3. Describe any entertainment or music, along with times, location and type of performance.				
4. Is a parade planned in conjunction with this event? If so, please describe the parade along with any other sponsors that may be involved.				
5. List any vendors/street peddlers planned along with their proposed location(s).				
6. List any food sales in detail. ALL FOOD SALES ARE REGULATED BY THE VIRGINIA DEPARTMENT OF HEALTH. It is the responsibility of the applicant to receive VDH approval.				
7. Does the applicant request City forces to remove refuse and garbage in conjunction with this event? If not, please describe plan for removing refuse and garbage in detail.				
8. Are alcoholic beverages planned for public consumption? If so, list all vendors with location(s) and time(s) of sales. List all ABC license(s) presently held.				
9. Are fireworks planned? If so, please specify date, time, location and vendor(s).				
10. Are animals involved in any event? Please specify any and all types and roles.				
11. Are U.S. Flags requested on Main Street for event?				
Part III – APPROVAL				
I certify to the best of my knowledge that the above information is true and correct.				
Applicant's Signature Date				
STAFF USE ONLY				
I certify that this is a complete application prepared for City Council review.				
Special Events Manager Date				
This event was approved/disapproved by City Council on the of .				
City Clerk Date				